PD124
IMPACT OF VALUE COMMUNICATION ON DECISION MAKING: AN APPROACH TO THE TREATMENT OF TYPE 2 DIABETES IN PORTUGAL
Vizante D1, Antunes M2
1Nourri, Sintra, Portugal; 2Faculdade de Ciências da Universidade de Lisboa, 1749-016, Portugal
The increasing value and constraints on healthcare spending, and worldwide access to care is increasingly complex and decentralized processes a growing trend. Thus, demonstration of new health technologies value has become critical to ensure patients and their caregivers experience the highest quality of care possible. OBJECTIVES: To identify the most important value messages when decision making in the process of the treatment of Type 2 Diabetes Mellitus (T2DM) among General Practitioners (GP) coordinating Primary Care Centers. METHODS: Regional meetings based on Health Economics training held (during 2013) with the purpose of reducing the cost-effectiveness analysis, vs local factors considered in the decision process. RESULTS: Partial results based on a 51 GP sample are presented. The positive impact of the training in HE concepts was statistically significant (p=0.001) with an 89% average rate of correct answers. More than 50% of GPs considered the increasing prevalence of T2DM, cost of macrovascular and microvascular complications and the impact of hypoglycaemias in patients' quality of life (QOL) and costs, as the most important factors in the decision process. The key decision factor to use dapagliflozin is the improvement of patients' QOL. The use of SU is explained due to its fast response, mainly in patients with HbA1c level above 7.5%. Majority of GPs (87.5%) chose dapagliflozin as the preferred therapeutic for T2DM patients not controlled with metformin. CONCLUSIONS: This analysis demonstrates that economic and clinical factors are important at local decision process. Clinically, patients' QOL is the most relevant achievement. Most GPs prefer dapagliflozin to control T2DM, considering QOL improvements its greatest benefit.

PD125
QUALITY OF CARE FOR TYPE 2 DIABETES MELLITUS PATIENTS IN DUBAI
Donato BM1, Osenenko KM1, Korol EE2, Stark SM1, Qatami L3, Al Madani A4, Al Awadi F5, Al Anarsi P6, Maclean R7, Levy AR7
1Bristol-Myers Squibb Company, Dubai, United Arab Emirates, 2Dubai Hospital, Dubai, United Arab Emirates, 3Bristol-Myers Squibb, Plainsboro, NJ, USA
OBJECTIVES: Despite the high prevalence (25%) of type 2 diabetes mellitus (T2DM) in the United Arab Emirates (UAE), few data are available on the types and quality of care administered. Quality of care is an important determinant of whether clinical targets can be met, and serious complications avoided. The objective was to estimate the proportion of T2DM patients receiving recommended monitoring of clinical measures in Dubai. METHODS: Charts of 120 T2DM patients aged 18 yrs and over who visited the Dubai Hospital between October 2009 and March 2010 (enrollment period) were systematically sampled until the target (n=250) was reached. Quality of care was assessed from April 2010 to March 2011, adapted from the United States (US) benchmarks for HbA1c and LDL monitoring. Greater understanding of the factors considered in the decision process. RESULTS: Full results based on a 51 GP sample are presented. The positive impact of the training in HE concepts was statistically significant (p=0.001) with an 89% average rate of correct answers. More than 50% of GPs considered the increasing prevalence of T2DM, cost of macrovascular and microvascular complications and the impact of hypoglycaemias in patients' quality of life (QOL) and costs, as the most important factors in the decision process. The key decision factor to use dapagliflozin is the improvement of patients' QOL. The use of SU is explained due to its fast response, mainly in patients with HbA1c level above 7.5%. Majority of GPs (87.5%) chose dapagliflozin as the preferred therapeutic for T2DM patients not controlled with metformin. CONCLUSIONS: This analysis demonstrates that economic and clinical factors are important at local decision process. Clinically, patients' QOL is the most relevant achievement. Most GPs prefer dapagliflozin to control T2DM, considering QOL improvements its greatest benefit.

PD126
USING A "STANDARDS OF CARE ECONOMIC MODEL" TO QUANTIFY BARRIERS AND POTENTIAL SOLUTIONS TO PROVIDING OPTIMAL GUIDELINE-DRIVEN CARE TO PATIENTS WITH DIABETES MELLITUS IN THE UNITED STATES
Hughes KE
Avalere Health LLC, Washington, DC, USA
OBJECTIVES: 1) Build economic model to estimate resources to deliver current standards of care to US diabetes patients, and 2) Evaluate provider costs to meet standards, assess patient outcomes specified in guidelines relative to reimbursements for all type patients; best case indicates same in 5 of 6 scenarios; 2) In different scenarios costs of treating adults exceed reimbursement by >$750,000 per year; practices would require 15%-64% increase in revenue to break even; 3) In pediatric practice, costs exceed reimbursement by <$47,000 per year, 4) Gaps are increased for patients using CSII and CGM, and 5)Results are more significant for reimbursement for routine physician care and lifestyle modification services. CONCLUSIONS: 1) Seven American professional societies comprising the Diabetes Working Group (DWG) concur delivering high-quality, guideline-based diabetes care unrealistic given current care and payment paradigms; 2) DWG recommends alternative approaches in 3) Several recommendations underway for additional funding, and resource supply, to mitigate increasing medical and financial impact of this epidemic chronic illness; 3) Model can be used internationally to support public policy efforts.

PD127
GLP1 AND INSULIN GLARGINE TREATMENT PATTERNS AMONG TYPE 2 DIABETES PATIENTS IN MAJOR EU MARKETS
Divino V, Hallinan S, Dekoven M, Varli N, Lee WC, Reaney MD
1IMMS Health, Alexandria, VA, USA, 2ZiLi Lilly and Company, Windlesham, Surrey, UK
OBJECTIVES: Evaluate treatment patterns of Type 2 Diabetes (T2D) patients initiating GLP1 receptor–like 1 receptor agonists (GLP1) or insulin glargine in Germany (GE) and UK. METHODS: Adult T2D patients initiating exenatide twice-daily (exBID), liiraglutide (LIRA) or glargine (1/10-12/11), or exenatide once-weekly (exQW) (1/10-6/12), were identified using the IMS LifeLink™ EMR-EU databases in GE and UK. Treatment initiation data was termed ‘index date’. Eligible patients were naive to index therapy class and had ≥180 days pre- and ≥360 days post-index data (180 post-index exQW only). Treatment modification was evaluated over 180-day and total post-index period. Patients were required to have non-missing prescription data. RESULTS: 6,171 GE (300 exBID/174 exQW/906 LIRA/A,4,791 glargine) and 1,042 UK (249 exBID/306 LIRA/487 glargine) patients were included. Approximately half were male (GE/UK %: 57/67% for glp1 initiating exBID and 63/61% for GLP1 initiating insulin glargine). Incidence of discontinuation, switch or augmentation per 180-day post-index varied by treatment country (GE/UK %): exBID (58/0.414), LIRA (54/1.392), exQW (40/0.840), glargine (4/39.9). Augmentation rates (9/26.8%) were similar for exBID and LIRA patients (GE/UK % of those with modification); 11.5/6.8 and 10.0/5.7, respectively, compared to exQW (26/8/NA) and glargine (66/45.1%). Discontinuation rates are quite similar to the initiation switch to a new therapy used to calculate switching rates throughout the 180-day period for GLP1 and glargine users (GE/UK,% of those with modification): GLP1 74.4/7.3 discontinuation % 13.6/17.5 switch; glargine 32.9/5.2 discontinuation and 11/2.1 switch. Using all available post-index data, treatment persistence was (GE/UK %): exBID 24.5/2.5, LIRA 24.0/2.1, exQW 10.6/ NA, and glargine 24.4/2.5; proportions with treatment modification were (GE/UK %): exBID 91.0/8.15, LIRA 80.7/1.7, exQW 57/5/NA, glargine 69/87/2.1. CONCLUSIONS: Treatment persistence data are useful for comparing clinical outcomes. Future studies would be useful to further elucidate practice patterns associated with these medicines, particularly exQW.

PD128
TREATMENT PATTERNS AMONG TYPE 2 DIABETES MELLITUS PATIENTS IN DUBAI
Donato BM1, Osenenko KM1, Korol EE2, Stark SM1, Qatami L1, Al Madani A4, Al Awadi F5, Al Anarsi P6, Maclean R7, Levy AR7
1Bristol-Myers Squibb Company, Dubai, United Arab Emirates, 2Dubai Hospital, Dubai, United Arab Emirates, 3Bristol-Myers Squibb, Plainsboro, NJ, USA
OBJECTIVES: The United Arab Emirates (UAE) has among the highest prevalence (25%) of type 2 diabetes mellitus (T2DM) globally, however, few data are available on clinical treatment patterns. METHODS: Charts of 120 T2DM patients aged 18 yrs and over who visited the Dubai Hospital between October 2009 and March 2010 (enrollment period) were systematically sampled until the target (n=250) was reached. Quality of care was assessed from April 2010 to March 2011, adapted from the United States (US) benchmarks for HbA1c and LDL monitoring. Greater understanding of the factors leading to high adherence to the guidelines would be useful for other areas of preventive care, and other hospitals and jurisdictions.

PD129
HOW CO-PAYMENT MECHANISM HAS CHANGED PATIENTS’ PERCEPTION TOWARDS OTC-TYPE PRODUCTS
Pepe CG, Tuna E, Ozdemir Z, Ozol MO, Parali E, Sumer F, Yilmaz ZS
Bayer Turk Konya San. Ltd. St., Iznik, Turkey
OBJECTIVES: An investigation of the impact of a co-payment mechanism on patients’ perception towards over-the-counter (OTC) type products. METHODOLOGY: A survey was conducted to assess the effect of a co-pay mechanism. RESULTS: A total of 100 participants were recruited from a hospital setting. 69% of the participants believed that the co-pay mechanism was fair, and 77% stated that it encouraged them to seek professional advice prior to self-medication. CONCLUSIONS: There is a need for an ongoing monitoring of the impact of co-pay mechanisms on patients’ perception towards OTC products.